

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

70 County Montgomery
Township Prater
City Prater (No.)

Registration District No. 591
Primary Registration District No. 5789

File No. 220882
Registered No.
Si. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ratie Hassler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-14-1859

7. AGE YEARS 73 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. of min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo.

13. NAME Francis M. Hassler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stenger

15. MAIDEN NAME Sara Shadwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT F. W. Hassler

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cemetery DATE Aug-25-1933

19. UNDERTAKER F. W. Hassler

20. FILED Aug 25 1933 W. A. Davidson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933 to Aug 22 1933

I last saw him alive on Aug 21 1933 Death is said

to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. H. H., M. D.

(Address) Middleton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

